



GSA Fleet Management Division Fuel Card Request

Type of Request: _____ New Card or _____ Replacement Card
 _____ Assigned Vehicle or _____ Pool/Loaner Vehicle

Date: _____ Driver's Name: _____

Vehicle No : _____ Mileage: _____

Agency : _____ Index Code: _____

Special Instructions: _____

Authorizing Signature

Please fax this form to Fleet Management's Fuel Card Section at 305-375-2296.

Note for Fleet Shops: For Fleet Management pool or loaner vehicles, please provide the driver's name, department name and index code if the fuel card was lost or misplaced by the customer.
Thank you.